

PUBLIC HEALTH TRAINING*

THE FIRST SECTION of this report presents the results of a special study of the professional requirements for local health officers in the United States. The second section presents data concerning the number of students who were studying public health during 1924-1925. The third section presents a statement of the current and contemplated activities of the committee.

THE BASIS OF APPOINTMENT FOR LOCAL HEALTH OFFICERS

Civil Service

By means of questionnaires and correspondence with civil service bodies and state health departments, the committee has gathered data as to the extent to which local health officers and employes are appointed under civil service or merit laws. There are ten states in the Union with civil service laws. These are California, Colorado, Illinois, Kansas, Massachusetts, Maryland, New Jersey, New York, Ohio and Wisconsin. In addition there are about two hundred cities with some form of civil service laws. (Canada has a federal civil service commission and five provincial commissions.)

No state has a general requirement that local health officers shall be appointed through civil service. New Jersey is the only state in which *any* local health officers are appointed through state civil service. Here health officers and all county municipal employes are appointed through civil service in the 15 local jurisdictions which have accepted civil service by referendum vote.

In Massachusetts and possibly one or two other states and in many individual cities local health department *employes* (but not the health officer), are under civil service appointment.

Professional Qualifications

Only in the states of Georgia, Kentucky, Mississippi, New Jersey and New York is the local health officer required to possess special training in public health or to demonstrate proficiency by an examination.

In the following 17 states no specifications are laid down for the training of local health officers: Arkansas, Colorado, Delaware, Florida, Idaho, Illinois (except in organized public health districts where he must be approved by the state health department), Massachusetts, Missouri, New Hampshire, North Carolina, Ohio, Oklahoma, Pennsylvania, Rhode Island, Vermont, Virginia and Wyoming.

Local health officers are required to be physicians but there is no requirement for training or experience in sanitation or public health administration in the states of Arizona, Georgia, Indiana, Iowa, Kentucky, Maryland, Michigan, Minnesota, Mississippi, Montana, Nebraska, New York, North Dakota, Oregon, South Dakota, Tennessee, Texas, Washington, West Virginia, Wisconsin and Utah. This requirement applies to county health officers in Arkansas, Missouri and Oklahoma. (Replies from several state health officers indicate that it is frequently impossible to meet this requirement or that the law requires a physician "when available.")

Maine and New Mexico require special training in public health for a full time local health officer unless the man is a physician. In New Mexico county health

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officers receiving more than \$1,800 *must* have had special experience and training. In California county health officers must be graduates in medicine or engineering.

In Nevada health officers must be graduates of reputable colleges and familiar with hygiene, sanitation and contagious diseases. In Connecticut the *county* health officer is an attorney at law but the *local* health officer must be "learned in sanitary science."

Relationship to State Health Department

In 26 states the state health department exercises no authority over the qualifications of local health officers. In the other states, the appointment must be approved by the state health department. In many cases this merely means that the state health department shall see that the professional requirement stipulated by law and mentioned above has been met. In a few states the appointments, except in large cities, are actually made by the state department of health.

PROFESSIONAL COURSES IN PUBLIC HEALTH

The committee presents, herewith, the data for the last academic year indicating the number of students taking courses leading to degrees in public health. Table I indicates the institutions offering such degrees, the number of candidates, and the number of degrees granted. These data have been obtained by correspondence, and we have tried to make them complete. Table II indicates the total number of the various public health degrees granted in the United States and Canada during 1925.

These data do not include figures for the training of public health nurses because these statistics are compiled by the nursing organization. Neither has the committee made an attempt to determine the number of correspondence courses conducted by state health departments or other agencies during 1925. Two of the schools reporting public health degrees mention a relationship to correspondence

courses. The Ohio State University reports that the State Department of Health conducted its correspondence course during the past year with 130 registrants, and granted 35 certificates. The University of Georgia reports that graduates of the medical school who elect to go into public health are given correspondence courses combined with personal conferences. Three graduates entered this field in 1925.

The University of Minnesota and the University of Wisconsin report that they have practically discontinued training in public health since the establishment of the heavily endowed schools of public health in the east and that they advise candidates to go to these schools.

CONTINUING AND FUTURE ACTIVITIES

The dinner conference and discussion at the St. Louis meeting provided an opportunity for discussing the need of personnel and the feasibility of some licensing plan like that carried out in New Jersey. It is recognized that both of these problems are vitally connected with public health training. A knowledge of professional opportunity is the one factor which can be relied upon to develop interest in professional training.

There is an obvious need for public health personnel and difficulty in securing men and women of adequate training. Many positions which should be filled by trained sanitarians are now filled by untrained and inexperienced people. At present we have no exact data upon these points: How great is the need for personnel? What are the sources from which professional sanitarians are drawn? How can we interest a greater number of men and women in professional training? How many *are* specially trained? What are the salaries available? How many trained or experienced sanitarians are leaving the public health field and why? What is the present relationship between supply and demand and how is it affected by tenure of office, salaries and existing legislation?

TABLE I

NUMBER OF STUDENTS ENROLLED AND DEGREES CONFERRED IN COURSES REQUIRING AT LEAST ONE YEAR OF RESIDENCE AND LEADING TO A PUBLIC HEALTH CAREER IN 1925

School	Degree	Number enrolled 1924-25	No. degrees conferred 1925
University of California.....	Dr.P.H.	3	5
	Ph.D. in H.	1	0
	A.B. in H.	13	0
Detroit College of Medicine and Surgery.....	No data received		
University of Georgia.....	M.S. in P.H.	4	4
	D.P.H.	7	7
Harvard School of Public Health.....	Dr.P.H.	5	5
	M.P.H.	4	3
University of Iowa.....	No data received		
Johns Hopkins University School of Public Health..	Dr.P.H.	24	16
	Sc.D. in H.	35	13
	C.P.H.	14	16
	B.S. in H.	8	4
University of Louisville.....	(Health School Closed)		
Massachusetts Institute of Technology.....	Dr.P.H.	1	0
	C.P.H.	5	0
	Ph.D.	2	0
	S.B. in P.H.	23	2
University of Michigan.....	M.A.	5	2
	D.P.H.	3	2
University of New York and Bellevue Hospital Medical School.....	No data received		
Ohio State University.....	M.S. in P.H.	0	0
University of Pennsylvania School of Hygiene and Public Health.....	Dr.P.H.	2	1
Yale University.....	Dr.P.H.	3	1
	Ph.D.	18	6
	C.P.H.	3	2
	M.S.	1	0
L'University Laval.....	No data received		
McGill University.....	D.P.H.	2	2
University of Montreal.....	No data received		
Queens University.....	No data received		
University of Toronto.....	M.S. in P.H.	0	0
	D.P.H.	8	6
	Ph.D.	1	0
University of Western Ontario.....	No data received		
Total.....		195	97

The need of information regarding the recruiting of sanitarians and the close relationship between this problem and public health training was laid before the executive board which has approved an addition to the functions of this committee. With this plan in mind the committee with the approval of the Governing Council changes its name to the Committee on Training and Personnel.

The answer to the above questions demands a careful study of existing conditions. The committee recommends an attempt to secure funds from outside the

Association adequate to make possible such an investigation. The committee desires authority to increase its number by the appointment of advisory members who shall be approved by the President of the Association. It suggests also the desirability of securing information concerning the experience of educators in developing professional standards in school administration.

Further study of the feasibility of some licensing plan with an attempt on the part of the committee to present a practical procedure for the consideration of the Association is also recommended. Thirty-three states now accept the certificate of the national board for the licensing of physicians. Certain states use the certificating plan in the approval of public health nurses. The Royal Sanitary Institute has a plan for issuing certificates. These procedures and similar ones in other professional bodies should be laid before the Association together with a statement of the possibility and

TABLE II

THE NUMBER OF DEGREES IN PUBLIC HEALTH GRANTED IN U. S. AND CANADA IN 1924

Doctor of Public Health.....	37
Certificate in Public Health.....	18
Diploma in Public Health.....	8
Doctor of Science in Hygiene.....	13
Doctor of Philosophy.....	6
Master of Science in Public Health.....	4
Master of Public Health.....	3
Master of Arts in Hygiene.....	2
Bachelor of Science in Hygiene.....	6
Bachelor of Public Health.....	0
Bachelor of Arts in Hygiene.....	0

feasibility of such a plan in the public health field. The question of the advisability of the A.P.H.A. giving qualifying examinations to health officers and others has already been referred to this committee by the Governing Council.*

Following the study of existing requirements it seems desirable that the committee shall suggest *minimum* requirements for the course leading to each degree. These suggestions will not embody a plan for utilizing the full time of the student but rather will suggest the essentials which shall be given to every student with the understanding that additional elective studies are expected. The committee is asking each section of the Association which represents a specialized type of training to place upon its section representative in this committee or upon a section committee of which he should be a member, the responsibility for preparing such a statement of minimum essentials in the professional field involved and suggestions as to the professional subjects in that field demanded in the training of the health officer. These requirements when completed to the satisfaction of the committees will be laid before the Association for approval.

To avoid confusion in the minds of our members and others, it seems desirable to make it clear that the committee centers its activity upon the professional preparation for public health work. It is interested in but not primarily concerned with the teaching of hygiene to people who are not to become sanitarians. It is in accord with the Council on Medical Education and the Association of Medical Colleges in endorsing a training for clinicians which shall introduce the

preventive viewpoint throughout the medical curriculum rather than limiting it to a specific course in preventive medicine; and in endorsing the continuation of a short course in medical schools specifically designed to inform medical students concerning the organization, aims, purposes and general activities of public health work and the relationship of these activities to the practicing physician.

The development and supervision of these courses, however, lies within the province of medical education. Medical schools and medical and public health practice both here and abroad have drawn a sharp line of distinction between the training in hygiene and preventive medicine provided for the clinician and the special training in public health provided in schools of public health and graduate schools for the training of the professional sanitarian. The usual undergraduate course in medicine does not adequately equip the physician for public health work. It is his graduate training in public health, and the training of the various other types of professional sanitarians with which this committee is directly concerned.

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* NOTE: At a meeting of the committee in St. Louis, held subsequent to the presentation of the above report, the committee placed itself on record as being in favor of a system of licensing or examination within states for those who would hold office as health officers or public health administrators. This proposition has not been presented to the Association.